FORM D

1367747 UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: Expires: Estimated average burden

3235-0076 April 30, 2008

16.00 hours per response:

OMB APPROVAL

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix		Serial			
	DATE R	ECEIVED			

Name of Offering (☐ check if this is an amendme		toposts
	LLC: Units of Limited Liability Company In	
Filing Under (Check box(es) that apply): R	ule 504 🔲 Rule 505 🗹 Rule 506 🛭	Section 4(6) ULOE
Type of Filing: ☐ New Filing ☑ Amendme		
<u> </u>	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issu	ег	
Name of Issuer (☐ check if this is an amendme	ent and name has changed, and indicate change.)	
Goldman Sachs HFS Strategic BRIC Fund	LLC	08043297 _
Address of Executive Offices (Nu	mber and Street, City, State, Zip Code)	Telephone Number (including Area Code)
c/o Goldman Sachs Hedge Fund Strategies 10004	LLC, One New York Plaza, New York, NY	(212) 902-1000
Address of Principal Business Operations (if different from Executive Offices)	Number and Street, City, State, Zip Code)	Telephone Number (Include PROCESSED
Brief Description of Business		MAR 2 5 2008
To operate as a private investment fund.		
		THOMSON
Type of Business Organization		THOMSON FINANCIAL
Type of Business Organization ☐ corporation	☐ limited partnership, already formed	THOMSON FINANCIAL ✓ other (please specify):
· ·	☐ limited partnership, already formed☐ limited partnership, to be formed	
☐ corporation ☐ business trust	☐ limited partnership, to be formed Month Year	✓ other (please specify): Limited Liability Company
☐ corporation	☐ limited partnership, to be formed Month Year	
☐ corporation ☐ business trust	☐ limited partnership, to be formed Month Year	✓ other (please specify): Limited Liability Company ✓ Actual □ Estimated

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

2. Enter the information requested for the following:								
 Each promoter of the issuer, if the issuer has been organized within the past five years; 								
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;								
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and								
* Each general and managing partner of partnership issuers.								
Check Box(cs) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner								
Full Name (Last name first, if individual) Goldman Sachs Hedge Fund Strategies LLC (the Issuer's Managing Member)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
One New York Plaza, New York, NY 10004								
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner								
Full Name (Last name first, if individual)								
Marciano Financial Holdings II, LLC								
Business or Residence Address (Number and Street, City, State, Zip Code)								
144 South Beverly Drive, Suite 600, Beverly Hills, California 90212								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member Managing Partner								
Full Name (Last name first, if individual)								
Barbetta, Jenniser								
Business or Residence Address (Number and Street, City, State, Zip Code)								
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004								
Check Box(cs) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member ☐ Managing Partner								
Full Name (Last name first, if individual)								
Clark, Kent A.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member Managing Partner								
Full Name (Last name first, if individual)								
Lawson, Hugh J.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004								
Check Box(es) that Apply:								
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply:								
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)								

A. BASIC IDENTIFICATION DATA

				B. IN	FORMAT	ION ABO	OUT OFFI	ERING				
								 -			Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Ø			
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?									\$	00,000*		
*The Managing Member of the Issuer, in its sole discretion, may accept subscriptions in lesser amounts. 3. Does the offering permit joint ownership of a single unit?										Yes ☑	No □	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.										offering. th a state		
Full Name	(Last name	first, if ind	ividual)									
	Sachs & C											
Business o	r Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)						
85 Broad	Street, Nev	York, Ne	w York 100	04								
Name of A	ssociated B	roker or De	ealer									
	Vhich Perso All States" o										₽1A1	I States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID)
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[DO] [MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated B	roker or De	aler						·· ·-			
	Vhich Perso All States" o										ПА	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	(KY)	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	. , [NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (N	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated B	roker or Do	ealer	·								
	Vhich Perso All States" o											All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(RI)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

[TN] [TX] [UT] [VT] [VA] [WA] [WV]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$_	0	\$_	0
	Equity (Shares)	\$_	0	\$	0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$ _	0	\$_	0
	Partnership Interests	\$_	0	\$_	0
	Other (Specify: Units of Limited Liability Company Interests)	\$_	112,955,000	\$	112,955,000
	Total	\$_	112,955,000	\$	112,955,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number		Aggregate Dollar Amount
			Investors		of Purchases
	Accredited Investors	_	88	\$	112,955,000
	Non-accredited Investors	_	0	\$	0
	Total (for filings under Rule 504 only)	_	N/A	\$	N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505		N/A	\$	N/A
	Regulation A	_	N/A	\$	N/A
	Rule 504		N/A	\$	N/A
	Total	_	N/A	\$	N/A
tl tl	.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.	_		•	
	Transfer Agent's Fees		0	\$_	0
	Printing and Engraving Costs			\$ _	0
	Legal Fees		Ø	\$.	89,128
	Accounting Fees			\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$.	0
	Other Expenses (identify)			\$.	0
	Total		図	\$	89,128

	C. OFFERING PRICE, N	IUMBER OF INVESTORS, EXP	ENS	ES A	AND USE OF PI	ROCE	EDS	
 b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." 								112,865,872
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.								
					Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees			\$_	0		\$_	0
	Purchase of real estate			\$_	0		\$_	0
	Purchase, rental or leasing and installation of	of machinery and equipment		\$_	0		\$_	0
	Construction or leasing of plant buildings as	nd facilities		\$	0		\$_	0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)					0		\$_	0
	Repayment of indebtedness			\$	0		\$	0
	Working capital			\$	0		\$	0
	Other (specify): Investment Capital			\$	0	2	\$	112,865,872
	Column Totals			s	0	Ø	\$	112,865,872
	Total Payments Listed (column totals added			S \$	112,8	865,8	72	
		D. FEDERAL SIGNATU	RE					
fe	he issuer has duly caused this notice to be bllowing signature constitutes an undertaking f its staff, the information furnished by the iss	by the issuer to furnish to the U.S. So	ecuriti	ies ar	id Exchange Comn	nission,	upon	er Rule 505, the written request
Issi	ier (Print or Type)	Signature	-		Date			
Goldman Sachs HFS Strategic BRIC Fund,					March 17, 2008	3		
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)						
Ca	Caroline Kraus Vice President of the Issuer's Managing Member							

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

END